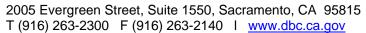


## STATE AND CONSUMER SERVICES AGENCY • ARNOLD SCHWARZENEGGER, GOVERNOR

## **DENTAL BOARD OF CALIFORNIA**





## **APPLICATION FOR LAW AND ETHICS RE-EXAMINATION**

	For Office Use ATS#		For Office Use Only
No Fee Required			Received
(Please type or print neatly) 1. NAME			
LAST		FIRST	MIDDLE
2. ADDRESS OF RECORD			
	STREET		
_	CITY	STATE	ZIP CODE
3. TELEPHONE NUMBER			
	EVENING		DAY
4. Do you have a disability or condition that requires special accommodations? If yes, email "db_examination@dca.ca.gov" for a "REQUEST FOR ACCOMODATION" packet.			
5. Preferred Examination	Northern  California	Southern California	Month:
6. Date and Examination Site of the last examination applied for:			
Date	Signature of Applicant		